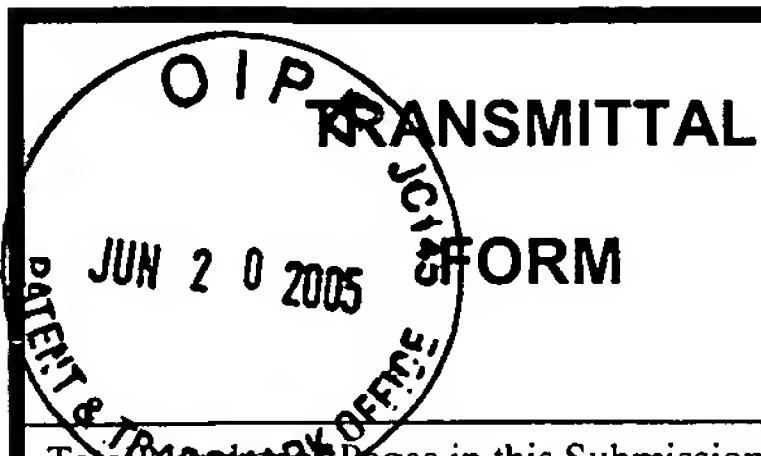


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Total Number of Pages in this Submission : \_\_\_\_\_

Application Number:	10/644,418
Filing Date:	August 20, 2003
First Named Inventor:	Bob G. Sanders
Art Unit:	1614
Examiner Name:	Unknown
Attorney Docket Number:	CLFR:177USD1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> References <u>B18-20, C20</u>  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts/Requirements <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts/Requirements	<input type="checkbox"/> Drawings(s) _____  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <table border="0"> <tr><td><input type="checkbox"/> Check in the amount of \$ _____</td></tr> <tr><td><input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/CLFR:177USD1</u></td></tr> <tr><td><input type="checkbox"/> Sequence Statement</td></tr> <tr><td><input type="checkbox"/> Paper Copy of Sequence Listing</td></tr> <tr><td><input type="checkbox"/> Computer Readable Form (CRF)</td></tr> <tr><td><input checked="" type="checkbox"/> Postcard _____</td></tr> <tr><td><input type="checkbox"/> _____</td></tr> <tr><td><input type="checkbox"/> _____</td></tr> </table>	<input type="checkbox"/> Check in the amount of \$ _____	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/CLFR:177USD1</u>	<input type="checkbox"/> Sequence Statement	<input type="checkbox"/> Paper Copy of Sequence Listing	<input type="checkbox"/> Computer Readable Form (CRF)	<input checked="" type="checkbox"/> Postcard _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Fulbright & Jaworski, L.L.P.		Customer Number	32425
Signature				
Printed Name	David L. Parker		Reg. No.	32,165
Date	June 16, 2005			

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being ~~facsimile~~ transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	David L. Parker	Date	June 16, 2005



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:  
Bob G. Sanders et al.  
  
Serial No.: 10/644,418  
  
Filed: August 20, 2003  
  
For: TOCOPHEROLS, TOCOTRIENOLS,  
OTHER CHROMAN AND SIDE CHAIN  
DERIVATIVES AND USES THEREOF

Group Art Unit: 1614

Examiner: Unknown

Atty. Dkt. No.: CLFR:177USD1

CERTIFICATE OF MAILING 37 C.F.R 1.8	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below:	
June 16, 2005	Date
David L. Parker	

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

**MS AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, it is respectfully requested that this Supplemental Information Disclosure Statement be entered and the documents listed on attached Form PTO-1449 be considered by the Examiner and made of record. Copies of the listed documents required by 37 C.F.R. § 1.98(a)(2) are enclosed for the convenience of the Examiner.

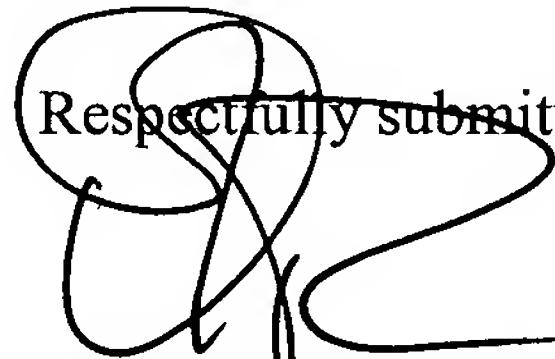
In accordance with 37 C.F.R §§ 1.97(g), (h), this Supplemental Information Disclosure Statement is not to be construed as a representation that a search has been made, and is not to be

construed to be an admission that the information cited is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b).

This application is a divisional application of Serial No. 09/502,592, filed February 11, 2000, which is a continuation-in-part of 09/404,001 filed September 23, 1999 and is relied upon for an earlier filing date under 35 U.S.C. § 120. In accordance with Rule 37 C.F.R. § 1.98(d) only copies of those documents not previously cited and submitted to the Patent and Trademark Office in prior application Serial No. 09/502,592 are enclosed for the convenience of the Examiner.

The present Supplemental Information Disclosure Statement is being filed prior to the receipt of a first Official Action reflecting an examination on the merits, and hence is believed to be timely filed in accordance with 37 C.F.R. § 1.97(b). No fees are believed to be due in connection with the filing of this Supplemental Information Disclosure Statement, however, should any fees under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to these materials, the Commissioner is authorized to deduct the appropriate fees from Fulbright & Jaworski Deposit Account No.: 50-1212/CLFR:177USD1.

Applicants respectfully request that the listed documents be made of record in the present case.



Respectfully submitted,

David L. Parker  
Reg. No. 32,165  
Attorney for Applicants

FULBRIGHT & JAWORSKI L.L.P.  
600 Congress Avenue, Suite 2400  
Austin, Texas 78701  
(512) 474-5201

Date: June 16, 2005

Form PTO-1449 (modified)

Atty. Docket No.  
CLFR:177USD1Serial No.  
10/644,418

O I P E  
List of Patents and Publications for Applicant's  
INFORMATION DISCLOSURE STATEMENT  
(Use several sheets if necessary)

## U.S. Patent Documents

See Page 1

## Foreign Patent Documents

See Page 1

## Other Art

See Page 1

**U.S. Patent Documents**

Exam. Init.	Ref. Des.	Document Number	Date	Name	Class	Sub Class	Filing Date of App.
	A1						

**Foreign Patent Documents**

Exam. Init.	Ref. Des.	Document Number	Date	Country	Class	Sub Class	Translation Yes/No
	B18	JP1997301969A	11/25/97	Japan			Yes
	B19	WO 00/16772	03/30/00	WIPO			English
	B20	WO 03/039461	05/15/03	WIPO			English

**Other Art (Including Author, Title, Date Pertinent Pages, Etc.)**

Exam. Init.	Ref. Des.	Citation
	C20	Brown <i>et al.</i> , "Novel heteroarotinoids as potential antagonists of mycobacterium bovis BCG," <i>J. Med. Chem.</i> , 47:1008-1017, 2004.

25545753.1

EXAMINER:

DATE CONSIDERED:

EXAMINER: INITIAL IF REFERENCE CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED. INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.